



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ENCOMPASS HEALTH DEACONESS

City of Hospital: Newburgh

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Rhonda Ramsey

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Medicare Provider Number: 153025

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$72222265
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$72222265

2. Deductions From Revenue

Contractual Allowance	\$19009683
Other Deductions	\$0
Total Deductions	\$19009683

3. Total Operating Revenue

Net Patient Service Revenue	\$53212582
Other Operating Revenue	\$25595
Total Operating Revenue	\$53238177

4. Operating Expenses

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Salaries and Wages	\$17523408	Employee Benefits	\$4728107
Depreciation and Amortization	\$2180120	Interest Expense	\$-22007
Bad Debt	\$18189881	Other Expenses	\$7399286
Total Operating Expenses	\$49998795		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$19610282	Total Assets	\$54090992
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$203076002
Total Net Gains	\$19610282		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$41177673	\$8118841	\$33058832
Medicaid	\$9126863	\$4166873	\$4959990
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$21917729	\$6723969	\$15193760
Total	\$72222265	\$19009683	\$53212582

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$199557
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$97899	
HCI Payments	\$0		
Subtotal	\$0	\$97899	\$-97899
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		

Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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